

I-CARESM

EARLY COVID TREATMENT

A Guide to Early Treatment of COVID-19

It is critical to recognize that infection with SARS-CoV-2, the virus that causes COVID-19, progresses through a number of stages and phases. Treatment is therefore highly stage-specific. COVID-19 is a clinical diagnosis; a confirmed antigen or PCR test is not required. Treatment should be initiated immediately after the onset of flu-like symptoms. The multiple therapies and drugs in this protocol have different mechanisms of action and work synergistically during various phases of the disease.

FIRST LINE THERAPIES

In order of priority; not all required.

- **Ivermectin:** 0.3 to 0.6 mg/kg – one dose daily for at least 5 days or until symptoms resolve.
If symptoms persist longer than 5 days, consult a healthcare provider. See Table 1 for help with calculating correct dose. Due to a possible interaction between quercetin and ivermectin, these drugs should be staggered throughout the day (see Table 2). For COVID treatment, ivermectin is best taken with a meal or just following a meal, for greater absorption.
- **Hydroxychloroquine (HCQ):** 200 mg twice a day for 5 to 10 days.
Best taken with zinc. HCQ may be taken in place of, or together with, ivermectin. While ivermectin should be avoided in pregnancy, the FDA considers HCQ safe in pregnancy. Given the pathway used by the Omicron variant to gain cell entry, HCQ may be the preferred drug for this variant.
- **Zinc:** 75-100 mg daily.
Take with HCQ. Zinc supplements come in various forms (e.g., zinc sulfate, zinc citrate and zinc gluconate).
- **Mouthwash:** 3 times a day.
Gargle three times a day (do not swallow) with an antiseptic-antimicrobial mouthwash containing chlorhexidine, cetylpyridinium chloride (e.g., Scope™, Act™, Crest™) or povidone-iodine.
- **Nasal spray with 1% povidone-iodine:** 2-3 times a day.
Do not use for more than 5 days in pregnancy. If 1% product is not available, dilute the more widely available 10% solution (see box) and apply 4-5 drops to each nostril every 4 hours.
- **Aspirin:** 325 mg daily (unless contraindicated).
- **Melatonin:** 5-10 mg before bedtime (causes drowsiness).
- Slow- or extended-release formulations preferred.
- **Curcumin (turmeric):** 500 mg twice a day.
Curcumin has low solubility in water and is poorly absorbed by the body; consequently, it is traditionally taken with full fat milk and black pepper, which enhance its absorption.
- **Kefir and/or Bifidobacterium Probiotics.**
- **Vitamin C:** 500-1000 mg twice a day.
- **Quercetin (or a mixed flavonoid supplement):** 250 mg twice a day.
Due to a possible interaction between quercetin and ivermectin, these drugs should not be taken simultaneously (i.e., should be staggered at different times of day – see Table 2). As supplemental quercetin has poor solubility and low oral absorption, lecithin-based and nanoparticle formulations are preferred.

HOW TO MAKE 1% Povidone-Iodine Concentrated Solution

- Pour 1 ½ tablespoons (25 ml) of 10% povidone-iodine solution into a 250 ml nasal irrigation bottle.
- Fill bottle to top with distilled, sterile, or previously boiled water.
- To use: tilt head back, apply 4-5 drops to each nostril. Keep head tilted for a few minutes, then let drain.

About this protocol

The information in this document is our recommended approach to COVID-19 based on the best (and most recent) literature.

It is provided as guidance to healthcare providers worldwide on the early treatment of COVID-19. Patients should always consult with their provider before starting any medical treatment.

New medications may be added and/or changes made to doses of existing medications as further evidence emerges. Please check our website at flccc.net to be sure you are using the latest version of this protocol.

For more information on nutritional therapeutics and how they can help with COVID-19, visit geni.us/COVID_nutrition

For additional information on early treatment, the rationale behind these medications, and other optional treatments, see 'A Guide to Early Treatment of COVID-19'.

Early treatment is critical and the most important factor in managing this disease.

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FIRST LINE THERAPIES (continued from page 1)

■ **Home pulse oximeter**

Monitoring of oxygen saturation is recommended in symptomatic patients, due to asymptomatic hypoxia. Take multiple readings over the course of the day and regard any downward trend as ominous. Baseline or ambulatory desaturation under 94% should prompt consultation with primary or telehealth provider, or evaluation in an emergency room. (See box for further guidance.)

- Only accept values associated with a strong pulse signal
- Observe readings for 30–60 seconds to identify the most common value
- Warm up extremities prior to taking a measurement
- Use the middle or ring finger
- Remove nail polish from the finger on which measurements are made

SECOND LINE THERAPIES

In order of priority/importance.

Add to first line therapies above if: 1) more than 5 days of symptoms; 2) poor response to first line agents; 3) significant comorbidities.

■ **Nigella sativa (black cumin):** 80 mg/kg daily and **Honey** 1g/kg daily.

■ **Vitamin D3:** 10,000 IU daily (two 5,000 IU capsules) for two weeks.

■ **B complex vitamins.**

■ **Nitazoxanide (NTZ):** 600 mg twice a day for 5 days.

■ **Fluvoxamine:** 25-50 mg twice a day.

Can substitute fluoxetine (Prozac; 20-40mg daily) if fluvoxamine not available.

■ **N-acetyl cysteine (NAC):** 600-1200 mg orally twice a day.

■ **Omega-3 fatty acids:** 4 g daily.

Vascepa (Ethyl eicosapentaenoic acid); Lovaza (EPA/DHA); or alternative DHA/EPA. Vascepa and Lovaza tablets must be swallowed and cannot be crushed, dissolved, or chewed.

About ivermectin

Ivermectin is a well-known, FDA-approved drug that has been used successfully around the world for more than four decades. One of the safest drugs known, it is on the WHO's list of essential medicines, has been given over 3.7 billion times, and won the Nobel Prize for its global and historic impacts in eradicating endemic parasitic infections in many parts of the world.

To review the totality of supporting evidence for ivermectin in COVID-19, visit geni.us/IVMinCOVID.

Ivermectin is a remarkably safe drug with minimal adverse reactions (almost all minor), however its safety in pregnancy has not been definitively established. Talk to your doctor about use in pregnancy, particularly in the first trimester.

Potential drug-drug interactions should be reviewed before prescribing ivermectin (see 'A Guide to Early Treatment of COVID-19' for more information).

Ivermectin has been demonstrated to be highly effective against the Omicron variant at a dose of 0.3 to 0.4 mg/kg, when taken early.

Higher doses (0.6 mg/kg) may be required: in regions with more aggressive variants; if treatment starts on or after 5 days of symptoms; in patients in advanced stage of the disease or who have extensive risk factors (i.e., older age, obesity, diabetes, etc.)

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Table 1. How to calculate ivermectin dose (continued from page 2)

Note that Ivermectin is available in different strengths (e.g., 3, 6, or 12 mg) and forms (e.g., tablets, drops). Tablets can be halved for more accurate dosing. Doses below are calculated for the upper end of the weight ranges listed.

How much do I weigh?	The protocol says 0.4 mg/kg; how much should I take?	The protocol says 0.6 mg/kg; how much should I take?
70–90 lb	32–40 kg	16 mg
91–110 lb	41–50 kg	20 mg
111–130 lb	51–59 kg	24 mg
131–150 lb	60–68 kg	27 mg
151–170 lb	69–77 kg	30 mg
171–190 lb	78–86 kg	32 mg
191–210 lb	87–95 kg	36 mg
211–230 lb	96–104 kg	40 mg
231–250 lb	105–113 kg	44 mg
251–270 lb	114–122 kg	48 mg
271–290 lb	123–131 kg	52 mg
291–310 lb	132–140 kg	56 mg
		24 mg
		30 mg
		36 mg
		40.5 mg
		45 mg
		48 mg
		54 mg
		60 mg
		66 mg
		72 mg
		78 mg
		84 mg

Disclaimer

The I-CARE: Early COVID Treatment Protocol is meant solely for educational purposes regarding potentially beneficial treatment approaches for COVID-19.

Never disregard professional medical advice because of something you have read on our website and releases. This is not intended to be a substitute for professional medical advice, diagnosis, or treatment regarding any patient.

Treatment for an individual patient is determined by many factors and thus should rely on the judgement of your physician or qualified healthcare provider. Always seek their advice with any questions you may have regarding your medical condition or health.

Please note our full disclaimer at: www.flccc.net/disclaimer

Table 2. Proposed medication schedule for first line treatments

What to take when

	Breakfast	Lunch	Dinner	Bedtime
Ivermectin		✓		
Hydroxychloroquine	✓		✓	
Zinc	✓			
Mouthwash	✓	✓	✓	
Nasal spray	✓	✓	✓	
Melatonin				✓
Aspirin	✓			
Curcumin	✓		✓	
Kefir		✓		
Vitamin C	✓		✓	
Quercetin	✓		✓	